

## **Miami-Dade County and Jackson Health System AvMed Health Plans FAQs**

AvMed is proud to be serving Miami-Dade County and Jackson Health System employees in 2010. Whether you are a longtime member, or new to the AvMed Health Plans, you have our commitment that we will provide personalized service focused on your individual needs.

### **What's new this year?**

- Benefits for Mental Health and Substance Abuse have been expanded to comply with the Mental Health Parity and Addiction Equity Act (MHPAEA). This Act requires mental health and substance abuse benefits be handled similarly to medical benefits and it also removes certain treatment limitations.
- Autism benefits are being offered per Florida Statute 627.6686 (coverage for individuals with autism spectrum disorder).
- AvMed has added 2,461 new providers which gives you access to more primary care physicians, specialists and facilities throughout the state.
- AvMed's supplemental network will change from Beech Street to Private Healthcare Systems, Inc. (PHCS) effective January 1, 2010. PHCS has the largest proprietary PPO network in the country and is certified by the NCQA – National Committee for Quality Assurance - which is the nation's top health care quality evaluator.

For more information, please see the Benefit Guide in your open enrollment packet, your 2010 Member Information Book, or contact AvMed Member Services at **1-800-682-8633**.

AvMed has a team of **on-site representatives** to assist you during open enrollment and throughout the year. You can reach an AvMed on-site representative at **(305) 375-5306**.

Miami-Dade County and Jackson Health System employees also have a **dedicated Member Services Call Center 1-800-682-8633** as well as our Nurse On Call line **1-888-866-5432**. Both are available 24 hours a day, 365 days a year. Members tell us that having access to AvMed's Member Services after-hours is truly a unique benefit and one of their most valued AvMed services.

Click on the titles on the left hand side column to learn about these and other services available to you and your family. Whether it's reimbursement for Weight Watchers™ or a simple test to determine your health risks (AvMed's Health Report Card), AvMed's commitment is to help you stay healthy.

### **Q. What medical plans will the County and JHS offer for 2010?**

**A.** The following plans will continue to be offered:

AvMed Point of Service (POS)

AvMed High Option HMO

AvMed Low Option HMO

JMH Health Plan High Option HMO

JMH Health Plan Low Option HMO

For Medicare-Eligible Retirees, the County will continue to offer the following plans:

High Option Medicare Eligible Retiree Plan with drugs

High Option Medicare Eligible Retiree Plan without drugs

Low Option Medicare Eligible Retiree Plan (with drugs)

**Q. What is the difference between the plans?**

A. The following is a brief description of each plan. For specific information on benefits, exclusions and limitations, please see the Summary Plan Description (Member Information Book).

- 1) The Point of Service (POS) offers you flexibility to see any physician of your choice:
  - IN-NETWORK gives you “No referral” access to an expanded network of providers in the state of Florida known as Elite Access Network. In addition, AvMed offers a nationwide network, PHCS, for those residing outside of the AvMed service area. The plan provides 100 percent benefits for covered charges, after applicable co-payments. Members are encouraged, but not required, to select a primary care physician.
  - OUT-OF-NETWORK is a fee-for-service program that provides you the freedom to choose any physician or accredited hospital outside of the expanded network. Payments are based on a Maximum Allowable Payment, formerly known as Usual, Reasonable and Customary (UCR) charges. Providers who do not participate in the network may balance bill you for the amount which exceeds the Maximum Allowable Payment under your plan. Coverage is subject to deductibles and co-insurance.
- 2) The High Option HMO is an Open-Access, “no-referral” managed care program which offers Miami-Dade County/JHS employees access to a broad network of providers across South Florida through our Elite Access Network and access to the PHCS nationwide network if you reside outside the AvMed service area. Members are encouraged, but not required, to select a primary care physician. Benefits covered at 100 percent after applicable co-payments. There is no out-of-network coverage except for emergency care or by special authorization from AvMed.
- 3) The Low Option HMO is a managed care program which offers Miami-Dade County/JHS employees access to a broad network of providers across South Florida

through our Elite Access Network and access to the PHCS nationwide network if you reside outside the AvMed service area. The plan provides 100 percent benefits for covered charges after applicable co-payments. Members are required to select a primary care physician. Referrals are required to see participating specialists. Co-payments are higher than the High Option HMO in exchange for lower biweekly premiums. There is no out-of-network coverage except for emergency care or by special authorization from AvMed

The three Medicare Eligible Retiree plans will continue with the existing benefit designs updated for 2010. If you would like more information, please contact your benefits department or an AvMed on-site representative at **(305) 375-5306**.

**Q. What is Private Healthcare Systems, Inc. (PHCS)?**

Effective January 1, 2010, AvMed is changing the supplemental network from Beech Street to PHCS (Private Healthcare Systems, Inc.) PHCS is a national network with over 4,000 hospitals, 540,000 physicians and 78,000 ancillary providers. PHCS is credentialed by the National Committee for Quality Assurance (NCQA).

Go to **[www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht)** to check on the participating status of your providers in the MDC/JHS Elite Access Network (AvMed and PHCS). If your doctor is not participating in the network for 2010, you may call AvMed Member Services, 24/7, at **1-800-682-8633** to request that AvMed contact your doctor about joining the network.

**Q. How will I know if my doctor participates in the network?**

A. Please go to **[www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht)**

**Q. What if I am under active treatment and my Beech Street doctor is not in the network for 2010?**

A. Please complete a Transition of Care form and notify AvMed of your situation so we can work with you and your doctor to continue your care for up to 90 days, in most cases. The form can be found under “Forms” at [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht) . If you have any questions, please contact AvMed’s dedicated member service line at **1-800-682-8633**.

**Q. Have there been any changes in the dependent eligibility rules?**

A. No. The same rules, effective January 1, 2009, apply. Employees with a domestic partner are able to cover the domestic partner and child(ren) of the domestic partner in the same manner as an employee covering a spouse or natural child(ren).

**Q. What is the maximum age that I can cover my dependent child?**

A. Effective January 1, 2009, the limiting age for dependent children was extended from

age 25 to 30. The extension applies to medical coverage only. To qualify, the child:

- 1) must be unmarried and does not have any dependents of his/her own;
- 2) must be a resident of the state of Florida, or a full-time/part-time student;
- 3) is not provided coverage as a named subscriber, insured, enrollee, or covered person under any other group, blanket, or franchise health benefits policy or individual health benefits plan, or is not entitled to benefits under Title XVIII of the Social Security Act.

The employee must fill out the Affidavit of Eligibility and submit it to AvMed along with the enrollment information. (See Affidavit of Eligibility for Dependents 25-30 under the Forms section.

**What is the process for enrolling domestic partner dependents?**

A. To enroll your domestic partner (and the domestic partner's dependent children), you must file a declaration of domestic partnership with the Miami-Dade County Consumer Services Department, pay the applicable fee and submit your enrollment online. Forward a copy of the Domestic Partnership Certificate issued by Consumer Services directly to AvMed Member Services or contact an AvMed on-site representative at **(305) 375-5306**.

**Q. I cover my child who attends college in another area. How can I determine if there are any participating providers in that area?**

A. Log on to [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht) and follow the instructions to look up participating providers by name or by zip code(s), or you may call **1-800-682-8633** for assistance. AvMed encourages you to enroll your child in the "Away From Home" program, which will alert us that you have a dependent living in another area. We can issue an additional ID card for your child's use while at school. (See Forms section on website)

**Q. How will my prescription refills be handled after January 1st if I am currently in another health plan?**

A. You may refill your existing prescription whether or not the prescribing physician participates in the AvMed or PHCS network. Just be sure that your prescribed drug is on AvMed's Preferred Medication List and that you purchase it at an AvMed-participating pharmacy or through the mail-order program (see next question). You should also advise the pharmacy that you are an AvMed member and provide your new member number when you call for a refill. For a list of participating pharmacies, go to [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht).

**Q. What is the process to get my prescriptions filled by mail?**

A. As of January 1, 2009, AvMed contracted with Medco By Mail as the mail order provider. For more information about Medco By Mail, go to [www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht) and click on the **Commercial Rx - Medco FAQs** link.

**Q. How do I find out if my prescription is on AvMed's Preferred Medication List?**

**A.** The customized drug lists are available for viewing online at **[www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht)**.

**Q. How do I find a provider if I need mental health or substance abuse services?**

**A.** You must receive mental health services or substance abuse services through AvMed's designated mental health network of providers in your area:

In Miami-Dade, Broward, Palm Beach counties, contact University of Miami Behavioral Health (UMBH) at 1-800-294-8642. In all other AvMed service areas (not in the above counties), contact PsychCare at 1-800-305-5886. If you reside outside of an AvMed service area, you will need to use the PHCS provider network. Go to **[www.avmed.org/go/mdpht](http://www.avmed.org/go/mdpht)** and click on the PHCS network link.

If you have questions that have not been addressed here, you may contact AvMed's Member Services at the Miami-Dade County and Jackson Health System dedicated line: **1-800-682-8633**.